PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (57I) 273-2885, on the date indicated below.

| APPLICATION N | IO. FILIN | LING DATE FIRST NAMED IN | | VENTOR ATTORNEY DOG | | OCKET NO. | KET NO. CONFIRMATION NO. | | |
|---|--|---|-----------|---|-----------------------|---------------------|--------------------------|-----------------|--|
| 10/580,965 | | 5/31/2006 Michel MO | | ERAT Q9491 | | 19 | 9 2539 | | |
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| TITLE OF INVENTION: METHOD OF ACQUIRING SATELLITE DATA | | | | | | | | | |
| APPLN. TYPE | SMALL | 1SSUE FEE | PUBLICAT | ION PREV. | PAID ISSUE FEE | TOTAL FEE(S) DUE | | DATE DUE | |
| | ENTITY | | FEE | | | | | | |
| nonprovisional | NO | \$1510.00 | \$300.00 | | \$0.00 | \$1,810.0 | 0 | 07/10/2009 | |
| | | | | | | | | | |
| EXAMINER | | | ART UNI | T CLA | SS-SUBCLASS | | | | |
| Fred H MULL | | | 3662 | 3 | 342-357150 | | | | |
| | | | | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CF | | | | | on the patent front p | _ | Sug | hrue Mion, PLLC | |
| ☐ Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached. | | | | m (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2 | | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Re | | | | | | | | | |
| 03-02 or more recent) ATTACHED. Use of a Customer Number is required. | | | | member a registered attorney or agent) and the names of up to 2 registered patent attorneys or | | | | | |
| | | | | agents. If no name is listed, no name will be | | | | | |
| printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | |
| ALCATEL Paris, France | | | | | | | | | |
| | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗹 Corporation or other private group entity 🗀 Government | | | | | | | | | |
| 4a. The following fee(s) are submitted: | | | 4b. Payme | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | |
| ☑ 1ssue Fee | | | | ☐ A check is enclosed. | | | | | |
| ☑ Publication Fee (No | ☐ Paymen | ☐ Payment by credit card. Form 1310-2038 is attached. | | | | | | | |
| ☐ Advance Order - # of Copies | | | | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880. | | | | | |
| | | | | ☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. | | | | | |
| 5. Change in Entity Sta | tus (from status ind | icated above) | | | , , , | - | | | |
| □ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. | | | | | | | | | |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other | | | | | | | | | |
| party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | | | |
| Authorized Signature /Kelly G. Hyndman 39,234 | | | 9,234/ | Date | | | July 2, 2009 | | |
| Typed or Printed Name | Typed or Printed Name Kelly G. Hyndman | | | Registration No. | | | 39,234 | | |
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